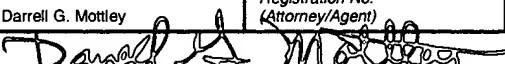


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<b>FEES TRANSMITTAL</b>		<b>Complete if Known</b>	
OCT 07 2003 for FY 2004		Application Number	09/722,647
		Filing Date	November 7, 2000
		First Named Inventor	Carey COOPER
		Examiner Name	Michael Safavi
		Art Unit	3673
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	
TOTAL AMOUNT OF PAYMENT (\$)		860	
TOTAL AMOUNT OF PAYMENT (\$)		860	

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account		<b>3. ADDITIONAL FEES</b>			
Deposit Account Number	19-0733	Large Entity	Small Entity		
Deposit Account Name	Banner & Witcoff, LTD.	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
<b>The Director is authorized to: (check all that apply)</b>					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>					
Large Entity	Small Entity				
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid		
1001 770	2001 385	Utility filing fee			
1002 340	2002 170	Design filing fee			
1003 530	2003 265	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
SUBTOTAL (1)		(\$ 0)			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>					
Total Claims		Extra Claims	Fee from below	Fee Paid	
Independent Claims		** = 0	X 0	= 0	
Multiple Dependent			X 0	= 0	
Large Entity	Small Entity				
Fee Code (\$)	Fee Code (\$)	Fee Description			
1202 18	2202 9	Claims in excess of 20			
1201 86	2201 43	Independent claims in excess of 3			
1203 290	2203 145	Multiple dependent claim, if not paid			
1204 86	2204 43	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$ 0)			
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) \$860	

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Darrell G. Mottley	Registration No. (Attorney/Agent)	42,912	Telephone (202) 824-3000
Signature			Date	October 7, 2003

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